

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for a Class C Non-Emergency from
Denver Med Transportation Inc**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Asatur Gasisyan

Submitted by: _____

Telephone: _____

720-999-6346

Address: 58 S Moline St

Fax: _____

Aurora, CO 80012

Other: _____

Email: info@denvermedtrans.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JUL 24 2020

**PSC SC
CLERK'S OFFICE**

[Handwritten signature]

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 07/13/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Denver Med Transportation Inc
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
58 S Moline St. Aurora, CO 80012
Street Address of Applicant
720-999-6346
Mailing Address of Applicant (if different from street address)
720-999-6346
Phone info@denvermedtrans.com Fax
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$0.00	Mortgage/Loan on Real Estate	\$0.00
Value of Motor Vehicles	\$0.00	Loans Owed on Motor Vehicles	\$0.00
Cash on Hand	\$25,000.00	Business/Other Loans Owed	\$0.00
Cash in Bank	\$10,000.00	Other Liabilities or Debts	\$0.00
Value of Other Assets and Equipment	\$0.00	Total Liabilities	\$0.00
Total Assets	\$35,000.000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Service charges are as follows: \$2.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Honda	2008 Accord	1HGCP26468A095900	3202	
Volkswagen	2010 Routan	2V4RW3D10AR202490	4417	
Dodge	2017 Caravan	2C4RDGCG4HR824632	4483	
Chrysler	2014 Town & Country	2C4RC1BG3ER125523	4700	
Ford	2017 Focus	1FADP3F28HL218372	2681	
Ram	2019 PK	1C6RR6TT1KS512256	5000	
Chevy	2009 Equinox	2CNDL53F598236603	3740	
Toyota	2005 Sienna	5TFBA22C95S034080	4365	
Toyota	2004 Sienna	5TFBA22C94S195137	4165	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Denver Med Transportation Inc

Name of Applicant

58 S Moline St. Aurora, CO 80012

Address of Applicant

Amount of Premium:

Liability Insurance \$ 70,344.00

10

The above quoted premium is for a term of _____ months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$5,000

United Specialty Insurance Co

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Denver Med Transportation Inc

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.




Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF ^{Colorado} ~~SOUTH CAROLINA~~)
COUNTY OF Broomfield)

SWORN TO BEFORE ME
This 14th day of July, 2020


Notary Public

Commission Expires 02/27/2021

BART JASON MANGELS
Notary Public - State of Colorado
Notary ID 20174008763
My Commission Expires Feb 27, 2021

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

DENVER MED TRANS INC, a corporation duly organized under the laws of the state of Colorado and issued a certificate of authority to transact business in South Carolina on July 21st, 2020, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 22nd
day of July, 2020.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200722-1030516

Filing Date: 07/21/2020

Jul 22 2020
REFERENCE ID: 560269

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

**A FOREIGN CORPORATION FOR A CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN THE STATE OF SOUTH CAROLINA**

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1. The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500 (b)(1) if the corporation is a professional corporation. (Must match corporation name on certificate of existence from domestic state)

DENVER MED TRANS INC

2. It is incorporated as (check applicable item) ☒ a general business corporation, ☐ a professional corporation under the laws of the state of Colorado

3. The date of its incorporation is 08/19/2015 and the period of its duration is Perpetual

4. The address of the principal office of the corporation is:
58 S Moline St.

(Street Address)

Aurora, Colorado 80012

(City, State, Zip Code)

5. The address of the proposed registered office in the state of South Carolina is:
6650 Rivers Ave. Ste. 100

(Street Address)

Charleston

South Carolina

29406

(City)

(Zip Code)

6. The name of the proposed registered agent in South Carolina at such address is
Registered Agents Inc.

(Print Name)

I hereby consent to the appointment as registered agent of the corporation

(Signature of the Registered Agent)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 22 2020

REFERENCE ID: 560269

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

DENVER MED TRANS INC

Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a.) ASATUR GASISYAN

(Director Name)
58 S Moline St.

(Business Address)
AURORA, Colorado 80012
(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

b.) ASATUR GASISYAN

(Principal Officer Name)
President

(Principal Officer Position)
58 S Moline St.

(Address)
AURORA, Colorado 80012
(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 22 2020

REFERENCE ID: 560269


SECRETARY OF STATE OF SOUTH CAROLINA

DENVER MED TRANS INC

Name of Corporation

(Address)

(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

(Address)

(City, State, Zip Code)

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class: (if no shares are issued please enter "none")

Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
Common	1500

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State
(See Section 33-1-230): _____

Date: 07/21/2020

Name of Corporation:

DENVER MED TRANS INC

ASATUR GASISYAN

Signature of Officer

ASATUR GASISYAN

Type or Print Name

President

Position of Officer

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 22 2020
REFERENCE ID: 560269

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO


SECRETARY OF STATE OF SOUTH CAROLINA

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

DENVER MED TRANS INC

is a

Corporation

formed or registered on 08/19/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151530496 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/20/2020 that have been posted, and by documents delivered to this office electronically through 07/21/2020 @ 16:08:00 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/21/2020 @ 16:08:00 in accordance with applicable law. This certificate is assigned Confirmation Number 12479762 .





Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

INDICATION

Date of Quote July 13, 2020

Insured	Denver Med Trans, Inc. 8983 University Blvd, Ste 104 P144 North Charleston, SC 29406	Policy Premium	\$1,650.00
		Policy Fee	\$200.00
		SL taxes/fees:	\$111.00
		Commission:10%	
Business/ Profession	Ambulance Services - Non Emergency Transports		
Policy Period	July 15, 2020 to July 15, 2021		
Carrier	Certain Underwriters at Lloyd's of London		
Professional Liability	Claims Made	General Liability	Claims Made
Per Claim	\$1,000,000	Per Claim	\$1,000,000
Aggregate	\$3,000,000	Aggregate*	\$3,000,000
Per Claim Deductible	\$1,000	* Products/Completed Operations included	
Retroactive Date	July 15, 2020	Personal/Advertising Injury	\$1,000,000
		Fire Damage	\$100,000
		Medical Expense	\$5,000
		Per Claim Deductible	\$1,000
		Retroactive Date	July 15, 2020

Additional and Optional Coverages .Please add 6% SL taxes/fees to any option chosen:

Employee Benefit Liability	Included	\$1,000,000/\$1,000,000 Retro: July 15, 2020
Defense Outside Limits	Available	For \$82
Physical & Sexual Abuse	Included	\$200,000/\$600,000 - Retro: July 15, 2020
	Available	\$250,000/\$750,000 for \$41
	Available	\$500,000/\$500,000 for \$74
	Available	\$1,000,000/\$1,000,000 for \$115
	Available	\$1,000,000/\$3,000,000 for \$164
Cyber Liability	Available	\$25,000 for \$82 \$50,000 for \$131 \$75,000 for \$164 \$100,000 for \$197
Hired & Non-Owned Auto	Available	\$250,000/\$250,000 for \$40 per driver \$500,000/\$500,000 for \$55 per driver \$1,000,000/\$1,000,000 for \$70 per driver

This quotation is valid for 10 days. All premiums are 25% earned upon inception. All policy fees are 100% earned upon inception. This is a quotation only. Coverage is currently not in force, and this quotation does not obligate the underwriters to provide coverage should additional information come to light. Any pricing, terms, or conditionals of the final policy at variance with this quotation will supercede this quotation. Note: As additional underwriting information may be required, this premium is an estimate. Limits available for purchase must be equal to or less than the primary PL/GL limits. Not all optional coverage limits will qualify.

Endorsements

GHA025	Minimum Earned Premium
GHA120	Financial Exclusion
GHA126	Limits of Liability-Limitation of Endorsement
GHA133	GH Medical Expense
GHA207	Medical Payments Exclusion - Patients
GHA302	Exclusion - Total Mold, Mildew or Other Fungi
GHA303	War, Terrorism and Bio-Terrorism Exclusion
GHA305	Incident Trigger Endorsement
GHA306	Separate Limits of Liability
GHA308	Pending or Prior Litigation Exclusion
GHA524	Communicable Disease Exclusion
GHA601	Cyber Exclusion
GHA602	Exclusion – Dissociative Disorder
LMA3100	Sanction Limitation & Excl Clause
LMA5020	Service of Suit clause usa
LMA5218	TRIA Election
LSW1001	Several Liability Notice
NMA1256	Nuclear Incident excl
NMA1331	Cancellation clause
NMA1477	Radioactive Contamination Excl
NMA464	War and Civil War
SL1	Syndicate List
AH PLGLCM	PL/GL-CM Policy Form
GHA006	Apnea Monitor Exclusion
GHA013	Specified Professional Exclusion
GHA020b	Blanket Additional Insured
GHA021	Employee Benefit Liability
GHA121	Exclusion-Operations or Services
GHA125	Schedule of Ops-Limitation of Coverage
GHA128	Physical & Sexual Abuse

INDICATION

We require the following items PRIOR TO BINDING:

- **Terms are subject to review and acceptance of requested items
- *Provide percentage of pediatric services
- *No Known Loss Letter - signed and dated by Insured
- *Entity License or Certification
- *COVID Supplemental Application Completed
- *Resume of Owner and/or Key Personnel
- *Application - PLEASE RESUBMIT - date and signature of the applicant is required

Notes

GHA020b-Blanket Additional Insured Endorsement provides Vicarious Liability only. If other than Vicarious Liability required, provide full contracts for consideration

GHA125 - Schedule of Ops-Limitation of Coverage - Limiting coverage only to Non Emergency Transport Services

GHA121 - Operations Exclusion - No coverage is provided for Emergency Transport Services & any non-company owned vehicles

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Exclusion – Dissociative Disorder

In consideration of the premium charged, it is hereby agreed that this Policy does not apply to any **Damages** or **Defense Expense** arising out of any act or omission in the furnishing of professional services to any person diagnosed with or being treated for (1) dissociative identity disorder (multiple personality disorder), or (2) dissociative disorder not otherwise specified, commonly referred to as false memory syndrome (FMS) or repressed memory disorder.



Authorized Representative